

**- CONDITIONAL ACCEPTANCE OF VACCINATION -**  
**- AGREEMENT BETWEEN VACCINE PROVIDERS AND VACCINATED PARTY -**

Herein the terms "administration" and "administrators" refers to all parties providing and/or "mandating" vaccine services and products including vaccine Manufacturers, Marketers, Lobbyists, Distributors, Hospitals, Clinics, Physicians, Nurses, Government Agents and Agencies, Healthcare Providers, Elected Officials, Enforcement Persons, Agencies and Programs, and all other parties bringing "mandated" vaccines to application or to market in any way.

This is agreement between the parties identified herein who on one hand, will receive vaccinations or be affected by the consequences of vaccination including the vaccinated party/s their guardians, representatives and all persons of common interests and, on the other hand, the administrators and providers of the vaccine/s in all the various capacities. Those parties shall be identified at the end of this document.

Individual intended for Vaccination: \_\_\_\_\_

Circle one: Adult Minor

Parents' or Guardian's Names and/or Head of Household: \_\_\_\_\_

Children's names (all family members): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other contacts if available: \_\_\_\_\_

Name of vaccine to be provided \_\_\_\_\_

**As administrator of this vaccine I hereby agree to and with the following representations, stipulations, terms, declarations and positions:**

1. I am aware and understand that vaccines are not a perfect or fully proven method of disease control.
2. I am aware and understand that vaccines are not 100% effective.
3. I am aware that vaccines have not been tested enough to show that they are 100% safe and effective.
4. I am aware and understand that vaccines can cause death or injury and disease which seriously and negatively affects the lives of vaccinated individuals, their families and their communities.
5. I am aware and understand that vaccines, when causing disease and injury, can cause major costs to individuals, families and communities, which costs are solely the responsibility and liability of the causing agents which are the administrators and providers of a harming or ineffective vaccine.
6. I am aware and understand that vaccines cause risk which is the sole responsibility of the administrators and providers of the vaccine.

7. I am aware and understand that no one may be forced, coerced or compelled to accept medical treatment or foreign substances inserted into their bodies without full voluntary consent under full disclosure and that administering a treatment, harmful or otherwise, without consent of all affected parties is unlawful and unethical.
8. I am aware and understand that vaccinations do, on occasion, cause harm, injury and disease including the disease they are intended to prevent.
9. I am aware and understand that there are particular dangers and hazards of combining more than one vaccination in one or sequential administrations and some of those hazards and dangers are not well understood and have not been fully researched, tested or proven safe or effective.
10. I understand that individuals have different physiologies and that a vaccination which may be harmless to one individual may be quite harmful to another individual.
11. I am aware and understand that, prior to administration of any vaccination, administrators of vaccinations must and shall disclose to all interested parties all known and presumed risks, hazards, harm and failures of vaccinations and all contents of the proposed vaccination/s including all trace chemicals, adjuvants, components and contaminants whether or not administrators consider those elements to be of consequence so that the recipients of vaccinations can make fully informed decisions with regard to accepting vaccination.
12. I am aware and understand that administration of vaccinations without full disclosure and full voluntary consent of all interested parties and imposing risk and hazard in that way represents criminal violation, malpractice and major liability of the administrators of the vaccination to the vaccinated party/s should any negative consequences arise.
13. I am aware and understand that any person who attempts to enforce a "mandate" in forcing or coercing vaccination or any other medical treatment upon any unwilling or uninformed party, whether or not that "mandate" is provided in law, codes or regulations, is personally fully liable for any and all harm, loss, damage, negative consequences of the vaccination upon the vaccinated party and all other interested parties. That liability extends to all administrators of that "mandate", all legislators who were involved in the creation of that "mandate" and all companies and individuals who promoted that "mandate" through lobbying or other political action and all parties who participate in the enforcement of the "mandate".
14. I understand that, as an administrator or provider of any "mandated" vaccination I am assuming all liability, obligation and responsibility for any and all negative and/or unintended consequences of the administration of the vaccine and that I must "make whole" the recipients of the vaccine, their guardians, families and community for any and all financial and personal harm, damage and losses caused by the vaccine and any and all harm which may be reasonably attributed to the vaccine. I understand that this is necessary because laws do not adequately protect vaccine recipients and, in fact, put the public at risk of uninsured harm from vaccines.
15. I am aware and understand that I must disclose all risks of vaccination prior to administration of the vaccine and, because vaccinations do pose risks, I must allow the recipients, guardians and families to refuse the vaccination at their sole discretion, and that disclosure of hazards and risks does not absolve me from any responsibility, liability or accountability for negative consequences of the vaccinations I administer.

16. If a person suffers any disease or injury at any time after vaccination and not before vaccination and that disease or injury cannot be affirmatively attributed to any particular cause other than the vaccination, then I agree that it is reasonable to presume that the injury or disease was or may have been caused by the vaccination and I will so presume and accept that theory in the absence of compelling evidence to the contrary.
17. If the vaccine recipients, guardians, family members and interested parties of the vaccinated party should, after the vaccination, submit claims for harm, loss, damages, injuries or disease which they reasonably suspect to be caused fully or partially by the vaccination, then the claims must and shall be paid and delivered by the administrators of the vaccination (above) to the claimant/s without challenge within 30 days from submission of each claim and any challenge to the claim/s must be made through formal written process and/or non-binding arbitration. Refusal or obstruction of service of claim shall not reduce obligations and shall be cause for escalated claim.
18. I am aware and understand that all administrators of vaccinations are responsible for any emotional distress caused by their vaccinations and are liable for compensation for such emotional distress caused to the victim/s.
19. Administrators of vaccinations hereby agree that they will allow and facilitate recording, videotaping, documentation and investigation of all services, processes and facilities associated with the administration of the vaccine and that administrators of vaccinations will not refuse or obstruct that information gathering for any reason reasons such as "privacy," "security" or "proprietary."
20. I am aware and understand that any failure or refusal to sign this agreement causes suspicion of intention to do harm to the vaccinated party and others and to avoid responsibility for potential harm that may be caused by vaccination, and I am aware and understand that failure or refusal of signature of this agreement by any administrator of vaccines is cause for rightful refusal of vaccination by the intended vaccination recipient with law, code, regulations, contracts and "mandates" notwithstanding.
21. Any threat of consequence for refusal of vaccination/s, such as removal from school, quarantine, "child endangerment," criminal prosecution, "civil penalty" etc. is coercion, is offensive, inappropriate, unlawful and/or violates parental rights. There is no law and can be no valid law which would rightfully grant authority over any individual to determine medical treatment for any other party who is in possession of their faculties. Refusal of vaccination does not in any way imply poor judgment, diminished capacities or social irresponsibility because there are extensive public records showing harm, injury and death caused by vaccines.
22. I am / am not (circle one) claiming that I personally have the right and authority to force medical treatment and vaccinations upon the party (above) whom I intend for vaccination without his/her consent. If I claim that authority, then I will provide all legal and official reference which bestows that authority upon me specifically against the intended recipient of the vaccination. I understand that I must provide evidence of authority to the satisfaction of all interested parties before the person intended for vaccination may be vaccinated because the interested parties presume that no such authority exists nor can exist, and, in many cases, the harm caused by vaccinations cannot be reversed.
23. I understand and agree that the person intended for vaccination is not responsible to gather signatures on this form. The parties intending to vaccinate must acquire and share this form, sign it and deliver it to any party intended for vaccination upon request. At such time as the duly signed forms are delivered to the person intended for vaccination, those agreement forms will be signed by the person intended for vaccination or by his/her guardian and one copy will be returned to each administrator of the

vaccination/s. If one of the requested administrators above fails to sign and return the form, all agreements are void and vaccination is rightfully refused.

24. Refusal to sign this form is indication of deceit, bad faith and hypocrisy on the part of a vaccine administrator who may recommend vaccination as “safe”, but, at the same time, deny responsibility for the hazards. If vaccinations are “safe” then refusal or hesitation to sign this form is firm indication of misrepresentation with the assertion of “safety”.

If this form is refused or not signed by any vaccine administrators listed above, then refusal of vaccine is rightful and refusal must be presumed and honored. Vaccination does pose risks, therefore administration of vaccine without signature on this agreement by all parties called for herein or and/or without fully informed consent by all interested parties constitutes criminal assault, malpractice, intentional harm and violation of rights against the vaccinated parties and all other parties of common interest by the administrators and providers of the vaccine whether any harm is caused or not by the vaccination, therefore, without fully informed consent by all interested parties, major obligations and liabilities arise from non-consensual vaccination whether or not the vaccination causes physical injury, disease or other damage.

I agree that refusal to sign this form constitutes admission and warning to the prospective recipient of vaccination that vaccination may cause harm and should be avoided in order to protect the health and safety of those receiving treatment.

Refusal by any administrator of a vaccine to sign this form is grounds for the intended recipient of the vaccine and their guardians to refuse vaccination pending the necessary safeguards and insurance provided by the responsible party/s.

This agreement is separate and distinct from any benefit/s, or “necessities” that may be attributed to vaccinations and vaccination programs. The public may only be protected when to do so does not violate the rights of an individual.

Any vaccine which is not fully tested and shown, by rigorous testing, trials, certifications and general administration to be free of risk and which is accepted as such unanimously by the scientific and medical communities, or which is not being administered and “mandated” by a licensed physician to a consenting patient may not be administered lawfully or without major liability and penalty for administering medicine without a license and/or without the consent of the patient. Non-consensual medication violates the United State Constitution, medical codes of ethics and a number of international treaties and laws.

NOTICE: A separate agreement must be signed for each individual intended to be vaccinated and for each separate vaccine even if separate vaccines are “combined” in one treatment.

By signing this form I agree to accept full liability and be personally responsible for all harm, hazard and damage and loss caused by the vaccine and vaccination which I am administering and I hereby waive all immunities granted by any legal instrument or process.

I understand that the intended vaccine recipient accepts vaccination on the condition that it is proven safe and effective to all reasonable expectation and insurance is provided at my expense to cover all possible future claims of damage.

**STATE ALL INGREDIENTS, ADJUVANTS AND CONTAMINANTS IN THE VACCINE (PROVIDE ADDITIONAL SHEETS IF NECESSARY, PLEASE SPECIFY PERCENT OR QUANTITY):**

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Signatures, identification and contacts for responsible parties (vaccine administrators):

Authorized Officer of Vaccine Manufacturer, Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Alternate contacts and identification: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Authorized Officer of the Organization Administering Vaccinations, Name:

\_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Alternate contacts and identification: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Authorized and Accountable Officer of any "mandating" government agency,

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Alternate contacts and identification: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Individual Administering the Vaccination to the Vaccine Recipients (Nurse, Healthcare Provider or

Other, Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Alternate contacts and identification: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Elected officials, bureaucrats and enforcement personnel supporting "mandate" of medical treatment and/or vaccination (attach additional sheets as necessary):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Alternate contacts and identification: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Authorized Officer responsible for distributing the Vaccination to healthcare facilities and providers:

Name: \_\_\_\_\_

Print name: \_\_\_\_\_

Direct Contact information:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

When the party intended for vaccination is able to confirm and assure the safety and effectiveness of the offered vaccination, receives insurance or bonding for all possible harm and damage, receives a complete list of all ingredients, adjuvants and contaminants of the vaccination, and receives full identification and contacts of all responsible parties (above) the party intended for vaccination will determine whether it is appropriate, prudent, safe or necessary to provide consent to be vaccinated.

**IF THE AGREEMENT ABOVE IS NOT SIGNED**, the administrator offering or “mandating” a vaccine is required to sign the following statement exclusive of all statements above:

**I decline to sign the above agreement because I am unwilling to accept personal liability for the harm, damage and/or loss that my vaccine may cause.**

Print name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone contact \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_